UTAH IMMUNIZATION PROGRAM

Immunize Utah

VOLUME 8, ISSUE 2 SPRING/SUMMER 2008

SPECIAL POINTS OF INTEREST

- Current Influenza Season in Utah
- Vaccines and Autism Lawsuit Sparks Media Interest
- New Rotavirus Vaccine Licensed
- Single Dose Yellow Fever Vaccine Available

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2007-2008 Influenza Season in Utah

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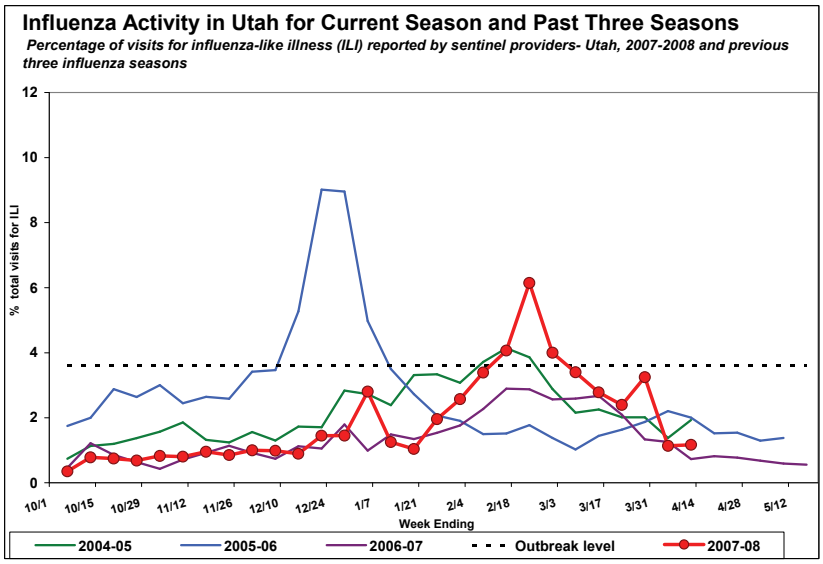

The 2007-2008 influenza season in Utah and in the United States started slowly, but became very active later in the season. Nationally, widespread influenza activity (indicating a statewide outbreak) was reported January 5. Widespread activity in Utah first occurred February 16 and lasted three weeks, until March 1, surpassing Utah outbreak levels. Activity peaked February 23 and has continued to decline. Influenza activity in Utah has peaked in February in two of the past three seasons.

As of April 22, 2008, 491 influenza-associated hospitalizations had been reported to the Utah Department of Health for the 2007-2008 influenza season. At this time last season, 273 influenza-associated hospitalizations were reported.

The majority (71 percent) of influenza-associated hospitalizations were type A, while 21 percent were type B and eight percent were unknown. Most influenza-associated hospitalizations occurred in children less than five years old. The majority of influenza-associated hospitalizations have been in persons with known risk factors for severe disease or influenza-related complications.

The Centers for Disease Control and Prevention (CDC) reported that the influenza A (H3N2) and influenza B components of this season's influenza vaccine were less than an ideal match against the circulating viruses. Although this reduces overall vaccine effectiveness, mismatched vaccines can still make illness milder or prevent influenza-related complications.

To account for the differences in the current circulating viruses, the three strains included in the vaccine formulation for the 2008-2009 season will all be different from the current vaccine and will contain the following strains:

- an A/Brisbane/59/2007 (H1N1)-like virus;
- an A/Brisbane/10/2007 (H3N2)-like virus;
- a B/Florida/4/2006-like virus.

Earlier this year, the Advisory Committee on Immunization Practices (ACIP) voted to expand the recommended ages for annual influenza vaccination of children to include all children from six months through 18 years of age. The previous recommendation was for children from six months to 59 months of age.

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Vaccines and Autism

A recent vaccine-autism lawsuit settled by the U.S. government has once again sparked media interest in vaccine safety. This case has been interpreted by some media outlets and anti-vaccine activists as a concession by the government that vaccines cause autism. Because this case is part of ongoing litigation, the federal government cannot comment on the specifics of the case.

Reports indicate the case was settled because vaccine worsened the child's underlying and previously undiagnosed disorder, causing impaired brain function, which led to autism spectrum disorder (ASD). The federal government maintains that vaccines do not cause autism, and that this case does not indicate any change in its position.

The underlying disorder mentioned in this case was due to mitochondrial disease. For more information on mitochondrial disease, autism and vaccine safety, visit the Autism Information Center at www.cdc.gov/ncbddd/autism/.

For a transcript of the CDC media briefing held on March 6, 2008, visit www.cdc.gov/od/oc/media/transcripts/2008/t080307.htm.

To download Dr. Paul Offit's teleconference mp3 file, go to: www.paiep.org. In the section titled What's New, click on the link labeled To listen to the talk (mp3 file) click here. Dr. Offit is chief of Infectious Diseases and director of the Vaccine Education Center at Children's Hospital of Philadelphia. ⊡

"The federal government maintains that vaccines do not cause autism . . ."

American Academy of Pediatrics Facts on Autism

- From time to time, rumors circulate that thimerosal, a mercury-based preservative once used in several vaccines (and still used in some flu vaccine), could contribute to autism spectrum disorders (ASDs). However, valid scientific studies have shown there is no link. For example, a recent study in California showed that, even though thimerosal was removed from most childhood vaccines by 2002, cases of ASD did not decrease. The American Academy of Pediatrics (AAP), the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), and the Institute of Medicine (IOM) agree that science does not support a link between thimerosal in vaccines and autism. For the IOM report, please go to www.iom.edu/CMS/3793/4705/4717.aspx.
- The National Institute of Child Health and Human Development says, "To date there is no definite, scientific proof that any vaccine or combination of vaccines can cause autism. It's important to know that vaccines actually help the immune system to defend the body."
- Some parents are concerned about "combination" vaccines, which protect against more than one disease with a single shot. For example, the MMR vaccine protects against measles, mumps and rubella. These vaccines have been studied carefully and found to be safe. All vaccines contain antigens, which cause the immune system to do its work to fight (and protect the body from) infections. It is important to remember that children are exposed to multiple antigens in many ways during normal activities, such as playing outside or eating food. Healthy children's immune systems are equipped to handle these multiple exposures.
- A parent's decision to skip or delay vaccines is not advisable, as this could leave the child vulnerable to disease for a longer period of time. Parents should follow the immunization schedule provided by the CDC, the AAP, the American Academy of Family Physicians (AAFP), and the Advisory Committee on Immunization Practices (ACIP) each year. This schedule is designed by experts to ensure maximum protection and safety for children at various ages. Parents should discuss any concerns with their child's pediatrician. ⊡

Excerpted from Facts for Parents About Autism and Vaccine Safety, March 2008
www.aap.org/advocacy/releases/autismfactsforparents.pdf

Adolescent Immunization

Dave Foley, MPH
Utah Immunization Program

As children approach adolescence, vaccine immunity may decrease and the risk for certain diseases like human papillomavirus (HPV) may increase. Efforts focusing on adolescent immunization are key to disease prevention, but the task is not without challenges. As new adolescent vaccines become available, parents and providers have a difficult time keeping up with the recommendations. Doctor visits are less common for adolescent populations, and some health care professionals are concerned that low childhood immunization rates from previous years will contribute to low adolescent immunization rates today and in the future.

In 2007, the CDC conducted the first National Immunization Survey for Teens to establish limited baseline data. The survey data are available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5634a3.htm. Statewide data will not be available until fall 2008. In the interim, Utah assessed immunization rates for 13-15-year-olds (born 1992-1994) through the Utah Statewide Immunization Information System (USIIS). Rates were determined for Td/Tdap, Meningococcal (MCV4), Hepatitis B and the number of HPV doses as of December 31, 2007. In 2007, USIIS contained data on a total of 181,902 children between 13 and 15 years (inclusive). According to the Indicator-Based Information System for Public Health (IBIS-PH), there were 120,040 13-15-year-olds in Utah in 2007. The difference in population numbers may be due to how the data were queried or the fact that some children in the system could have moved out of the state and were still included in this data set. While the data is imperfect, it can be used as a starting point for understanding how well Utah teens are immunized. The following charts display immunization coverage for key adolescent immunizations. ▣

Vaccine	Utah Coverage (USIIS)
Td/Tdap	29.4%
Meningococcal (MCV4)	12.2%
1 dose Hepatitis B	47.5%
2 doses Hepatitis B	41.2%
3 doses Hepatitis B	35.6%

Vaccine	Doses Given
1 dose HPV	5,976
2 doses HPV	2,943
3 doses HPV	1,006

Single-Dose Vials of Yellow Fever Vaccine Now Available

On March 26, 2008, the CDC Travelers' Health web section announced that single-dose yellow fever vaccine is now available. Recently, there has been a temporary shortage of single-dose yellow fever vaccine.

In March 2008, the CDC was informed by sanofi pasteur, the only manufacturer of U.S. yellow fever vaccine, that the single-dose vials of yellow fever vaccine, YF-VAX, are now available. Limitations on orders will be in place as sanofi pasteur works to build inventory of the single-dose vials.

In the interim, the 5-dose vials of YF-VAX continue to be available in sufficient supply. To accommodate all travelers who need this vaccine, clinics administering vaccine are advised to attempt to schedule vaccinations to efficiently use the 5-dose vials.

According to the manufacturer's package insert, YF-VAX must be used within one hour of reconstitution.

Health care providers should refer to Chapter 5: Yellow Fever Vaccine Requirements and Information on Malaria Risk and Prophylaxis, by Country in *CDC Health Information for International Travel 2008*, the Yellow Book, for information about which countries require yellow fever vaccination for entry and for which countries CDC recommends yellow fever vaccination. In the absence of a country requirement, CDC does not recommend yellow fever vaccination for travel to a country if the traveler's itinerary does not include travel to a yellow fever-endemic area.

For further information, contact telephone number for sanofi pasteur 800-822-2463.

Please visit the Travelers' Health website at wwwn.cdc.gov/travel/ for further updates on the availability of yellow fever vaccine. ▣

wwwn.cdc.gov/travel/content YellowFeverVaccineShortage.aspx

Utah Statewide Immunization Information System

Upcoming Summer 2008 Update

Enhancements scheduled for release in the next USIIS update include:

Patient Search
USIIS Search will provide a list of "possible" patient matches, enabling you to select patients currently hidden from view. Current **USIIS Search** functionality returns exact patient matches only.

Patient Demographic Editing
You will be able to edit the following fields:

- Patient ID
- Patient First and Last Names
- Birth Date

Currently, you cannot modify the values in these fields. Please contact the USIIS Help Desk for assistance.

Quick Tips

You can delete and re-enter vaccines directly in USIIS on the **Immunization** screen.

- Click on the line in the **Vaccination History** list that you want to delete. The vaccine details will display on the left side of the screen.
- Press the **Delete** button.
- You can edit patients' addresses and parent and guardian information directly in USIIS on the **Patient Info** screen.

Evidence-based Quality Improvement for Reducing Duplicates in USIIS

In the May issue of **Utah's Health: An Annual Review,** look for the article indicated above. It was written by Sandra Schulthies, Chris Pratt and Yukiko Yoneoka, with Wu Xu. You can find this journal at www.uhreview.net/index.php.
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Duplicate patient records became a major data quality issue for USIIS as the number of registry users and data providers increased. This situation often prevented USIIS users from accessing complete patient immunization records—allowing the potential for children to be immunized with unnecessary doses of vaccine.

The article describes the project the USIIS team undertook to redesign the USIIS de-duplication algorithm and rewrite USIIS record loading scripts.

Cost Savings Associated With Using Immunization Information Systems for Vaccines for Children Administrative Tasks

The November/December 2007 issue of **Journal of Public Health Management and Practice** includes the article indicated above by authors Diana L. Bartlett, MPH; Michael L. Washington, PhD; Amanda Bryant, BA; Norman Thurston, PhD; Christine A. Perfili, MBA.

The staff of the Utah Department of Health and 72 private Vaccines for Children (VFC) practices were timed while conducting VFC-related administrative tasks from September 2003 through March 2004. Measurements included: time to produce VFC reports; time to assess practice coverage levels; and, time to process VFC reports—manually and via USIIS.

The article cites how Utah VFC practices could each save up to $446 annually by using USIIS for VFC tasks. If applied across the 218 enrolled private practices statewide,* net cost savings would equal $17,615 ($15,519 for reports and $2,096 for pulling medical charts). Median cost savings to the state health department were approximately $11,740 annually by using USIIS.

*There are now nearly 300 VFC providers statewide.

Continued from page 1
2007-2008 Influenza Season in Utah

The expanded recommendation is scheduled to take effect as soon as feasible, but no later than the 2009-2010 influenza season.

Additionally, CDC has detected a growing number of influenza A (H1N1) viruses that are resistant to oseltamivir (Tamiflu) this season. The extent of the resistance is still unknown. CDC will continue to monitor oseltamivir resistance to determine whether a change in treatment and prophylaxis recommendations will be necessary for future seasons. ⊡

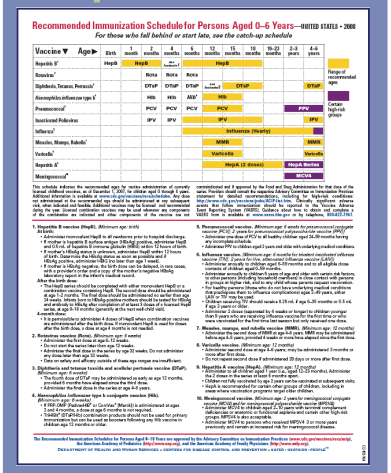
Childhood Immunization Schedules

The Centers for Disease Control and Prevention recently posted three new childhood immunization schedules that can be used for presentations.

To access the schedule for Persons Aged 0-6 Years, United States, 2008, go to www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_0-6yrs_chart_only.jpg.

To access the schedule for Persons Aged 7-18 years, United States, 2008, go to www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_7-18_years_chart_only.jpg.

To acesss the Catch-Up Immunization Schedule for Persons Aged 4 Months-18 years Who Start Late or Who Are More Than One Month Behind, United States, 2008, go to www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_catch-up_chart_only.jpg.


Recommended Immunization Schedule for Persons Aged 0–6 Years—United States • 2008

For those who fall behind or start late, see the catch-up schedule

FDA Approves New Vaccine to Prevent Gastroenteritis Caused by Rotavirus

On April 3, 2008, the U.S. Food and Drug Administration (FDA) announced the approval of Rotarix, the second oral U.S.-licensed vaccine for the prevention of rotavirus, an infection that causes gastroenteritis (vomiting and diarrhea) in infants and children. Rotarix is a liquid given in a two-dose series to infants from 6 to 24 weeks of age.

There are many different strains of rotavirus. The vaccine protects against rotavirus gastroenteritis caused by the G1, G3, G4, and G9 strains.

During studies involving more than 24,000 infants, Rotarix was effective in preventing both severe and mild cases of rotavirus-caused gastroenteritis during the first two years of life. The most common adverse reactions reported during clinical trials were fussiness, irritability, cough, runny nose, fever, loss of appetite and vomiting.

In 1999, a different rotavirus vaccine from another manufacturer was voluntarily withdrawn from the U.S. market because of an association with an increased risk of intussusception, or intestinal folding, which can lead to potentially life-threatening intestinal blockage. Intussusception can occur in children spontaneously in the absence of vaccination, but to help ensure that Rotarix does not increase the risk of intussusception, its manufacturer conducted a study of more than 63,000 infants.

In that study, there was no increase in the risk of intussusception in those who received Rotarix (31,673 infants) compared to those who received placebo (31,552 infants). Increased rates of convulsion and pneumonia-related deaths were observed in the Rotarix recipients in the intussusception study; however, these events were not observed in other studies conducted by the manufacturer. Although the FDA has concluded that the available data do not establish that these events are related to the vaccine, the agency has requested the manufacturer to conduct post-marketing safety studies involving more than 40,000 infants to provide additional safety information.

Visit www.fda.gov/bbs/topics/NEWS/2008/NEW01814.html to read the complete press release. ▣

"... but to help ensure that Rotarix does not increase the risk of intussusception, its manufacturer conducted a study of more than 63,000 infants."

Events and Activities

Hepatitis Awareness Month
Date: May 2008
For more information, go to www.cdc.gov/ncidod/diseases/hepatitis/index.htm or www.nvhr.org/.

Adolescent Immunization Awareness Week
Dates: May 18-24, 2008

The 13th Annual Adult Immunization Conference
Date: May 22, 2008
Location: DCU Center, Worcester, MA
For more information, go to www.masspro.org/.

Utah Scientific Vaccine Advisory Committee
Date: July 16, 2008, 8:00 a.m.
Location: Intermountain Medical Center, Classrooms 7 & 8 5121 South Cottonwood Street, Murray. Call 801-538-9450 for more information.

Immunization Update 2008
Date: August 7, 2008
Registration information is not available at this time. For more information, go to www.cdc.gov/vaccines/ed/broadcasts.htm#1.

National Conference on Health Communication, Marketing and Media
Date: August 12-14, 2008
Location: Atlanta, Georgia
For more information, go to www.cdc.gov/HealthMarketing/conference2008.htm.

NOTICE:
On March 25, CDC posted "ACIP Provisional Recommendations for the Prevention and Control of Influenza" for the 2008-09 influenza season. Provisional recommendations are those ACIP has voted on but are not yet approved by CDC or the Department of Health and Human Services and not yet published in MMWR. Once the influenza recommendations are approved, they are tentatively scheduled for MMWR publication in June 2008. To access the complete recommendations, visit www.cdc.gov/vaccines/recs/provisional/downloads/flu-3-21-08-508.pdf.

Coalition Meetings

Northern Utah Immunization Coalition
Dates: June 2, August 5, September 2, 2008, 2:00 p.m.
Location: Weber County Health Department
477 23rd Street, Ogden. Call Vener DeFriez at 801-451-3392 for more information.

Every Child By Two Immunization Coalition
Dates: July 10, October 9, 2008, 10:00 a.m.
Location: Utah Department of Health, Room 114
288 North 1460 West, Salt Lake City. Call 801-538-9450 for more information.

Greater Salt Lake Immunization Coalition
meets the second Wednesday of every month at 2001 South State Street, Suite S3800, Conference Room, Salt Lake City. Call Sally Dawson at 801-662-1621 for more information.

Southwest Immunization Coalition for Children
Dates: June 10, August 12, 8:00 a.m.
Location: Southwest Utah Public Health Department
620 South 400 East, St. George. Call Pat Thomas at 435-673-3528 for more information.

Utah Adult Immunization Coalition meets the fourth Wednesday of every month at HealthInsight, 348 East 4500 South, Salt Lake City at 8:00 a.m. Call 801-538-9450 for more information.

Utah County Immunization Coalition
Dates: June 3, July 1, August 5, September 2, 2008, 8:00 a.m.
Location: Health and Justice Building, Room 2804, 151 South University Avenue, Provo. Call Pauline Hartvigsen at 801-851-7027 for more information.

USIIS User Group Meetings

Bear River
Date: September 10, 2008, 12:45 p.m.
Location: Logan Regional Hospital
1400 North 500 East, Logan

Northern Utah
Date: October 9, 2008,12:00 p.m.
Location: Ogden Regional Medical Center, Oak Room
5475 South 500 East, South Ogden

For more information regarding User Group meetings or to establish a User Group in your area, please contact Janel Jorgenson at 801-538-9991.

Vaccine Management Tips

Planning a Vacation?

Tips to Safeguard Vaccines While You Are Away

- Each year when VFC contacts are on vacation, co-workers make unintentional mistakes with vaccine supplies which can be costly.
- To avoid vaccine losses when you are out of the office for vacation or at unexpected times, please make sure that your backup and co-workers are well-trained in vaccine management responsibilities.
- If your practice is closing for vacation or for other reasons, please do not fax vaccine orders until you return. This will ensure that your vaccine shipments arrive safely.
- Please notify the Utah VFC Program of any schedule changes, such as winter hours changing to summer hours, etc., so we can note the changes to your shipping schedule in our database.
- Your help is greatly appreciated! Please contact us if you have any questions or need guidance with vaccine management. We are here to help with all of your vaccine management needs.

Vacation To-Do List

* Inventory & order VFC vaccines, if necessary.
* Alert office staff of pending vaccine shipments.
* Train co-workers in procedures to receive shipments. (Label vaccines "VFC" before storing, store varicella in the freezer, compare contents with packing slip, etc).
* Review your clinic's vaccine handling plans with staff, including daily temp checks and emergency response.
* Stop newspaper.
* Pack clothes.
* Enjoy your vacation! Co-workers are trained and the vaccines will be OK.
* Have a great trip!

- **Don't forget to watch for your vaccine shipment to arrive** after faxing your order to the VFC Program. Orders can take up to 12 business days to arrive, but could arrive in as little as two days.
- Carefully review the contents of the shipment with the enclosed packing list and your original order form. Contact the Utah VFC Program if there are any discrepancies.

Vaccine Ordering Guidelines

Before the Utah VFC Program transitioned to the new distribution center, McKesson Specialty Distribution, VFC providers were issued a vaccine ordering schedule. Please use the following guidelines when ordering:

- **Place one large order for all the vaccines required for the specific period of time rather than multiple small orders for individual vaccines.** This reduces the number of vaccine shipments your practice must handle, and also reduces the risk that you will run out of a particular vaccine. Ordering all vaccines at one time helps us process your orders more efficiently and provides shipping and handling cost-saving benefits.
- Since implementation began, maintenance of an adequate supply of vaccines has become increasingly important for each provider. Please plan ahead.
- If you do not know your ordering schedule or need help calculating orders, please contact our office at 801-538-9450.

Tip: Remember to maintain a 30-day backup supply before making calculations for your time frame.

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our websites!
www.immunize-utah.org
www.usiis.org

Care-A-Van

Utah's mobile immunization clinic, Care-A-Van, schedules clinics at various locations throughout Utah from February through October each year. Locations include such venues as school districts, recreational centers, community health centers, ethnic organizations, Boys and Girls Clubs, and Healthy Communities.

The following vaccinations are available at Care-A-Van clinics: DTaP, Tdap, Td, IPV, Hib, MMR, varicella, hepatitis A, hepatitis B, pneumococcal, rotavirus, meningococcal and HPV. Immunizations are administered by nurses from Community Nursing Services and are free for children ages birth to 35 months. Vaccines are $5.00 per dose for children through age 18 years who meet Vaccines for Children (VFC) eligibility guidelines. Others, including adults, may be billed through insurance.

Contact the Utah Immunization Program at 801-538-9450 if you are interested in hosting a Care-A-Van clinic or visit www.immunize-utah.org/public/evchild_caravan.htm for more information.